

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90043 044 ***158.75

DOCUMENT # **K 82667**

1. Entity Name

AVERY STUART, LTD. CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

801 BRICKELL BAY DR.

Suite, Apt. #, etc.

LOBBY SUITE 10

City & State

MIAMI FLA.

Zip

33131

Country

DADE

3. Mailing Address

801 BRICKELL BAY DR.

Suite, Apt. #, etc.

LOBBY SUITE 10

City & State

MIAMI FLA.

Zip

33131

Country

DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number

650317580

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

STEVEN BAHR

Street Address (P.O. Box Number is Not Acceptable)

801 BRICKELL BAY DR. LOBBY BOX 10

City

MIAMI

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Steven Bahr

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/6/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT, DIRECTOR**
NAME **CHARLES CULPEPPER JR.**
STREET ADDRESS **801 BRICKELL BAY DR. #10 LOBBY BOX**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE **TREASURER / DIRECTOR**
NAME **STEVEN BAHR**
STREET ADDRESS **801 BRICKELL BAY DR. LOBBY BOX 10**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE **SECRETARY / DIRECTOR**
NAME **MICHAEL LERNER**
STREET ADDRESS **801 BRICKELL BAY DR. LOBBY BOX 10**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE **VICE PRESIDENT / DIRECTOR**
NAME **RAUL XELIN TRUCIDO**
STREET ADDRESS **801 BRICKELL BAY DR. LOBBY BOX 10**
CITY-ST-ZIP **MIAMI FL. 33131**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/02

Date

Daytime Phone #

(786) 402-7617

CR2E034B (12/01)